

8864 MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -63-017343

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4394 STATE FILE NUMBER

FILED MAY 3 1963

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST Louis Length of stay in 1b

c. CITY OR TOWN ST Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST John's Hosp Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 4832 MILENTZ Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last EDWARD A BARRON 4. DATE OF DEATH Month Day Year APRIL 19 1963

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH FEB 5 - 83 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - STREET CAR CONDUCTOR 10b. KIND OF BUSINESS OR INDUSTRY CONDUCTOR 11. BIRTHPLACE (City, and state or country) JERSEYVILLE ILL 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME MARY HOYNES 14. NAME OF HUSBAND OR WIFE HELEN BARRON (Decd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT JOHN BARRON 4832 MILENTZ Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours  
DUE TO (b) Arteriosclerotic Heart Disease unknown  
DUE TO (c) 420.0  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1 JAN 63 to 19 April 63 and last saw him alive on 19 April 63 Death occurred at 8:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. M. Clain MD 22b. ADDRESS 4401 Hampton 22c. DATE SIGNED 20 April 63

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE APRIL 22 - 63 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM. 23d. LOCATION (City, town, or county) JERSEYVILLE ILL. (State)

24. FUNERAL DIRECTOR ADDRESS Thomas Kurtis 2906 Gravois 25. DATE RECD. BY LOCAL REG. APR 22 1963 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

74

Dr John McEarm  
Hampden Burial Bldg.  
HU-1-8118  
12 - 2:00 p.m.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Carol Thompson*

Licensed Embalmer No. 4581

P. O. Address St Louis 19 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.